

# CLAIMS ONLY

Application Number

10/515980

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3		1				
4						
5						
6		2				
7		2				
8		1				
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48						
49						
50						
Total						
Indep	1					
Total						
Depend	13					
Total						
Claims	14					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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